

Exhibit VI-1: Face Sheet

Project HOPE Face Sheet (Side One)

Subject ID#:

Today's Date: |__|_| - |__|_| - |__|_|_|_| **Site:** _____

Name: _____
(First) (Middle) (Last)

Street Address: _____

Washington, DC Zip Code |__|_|_|_|_|

1. What is the best phone number to use to reach you? What other numbers can be used to reach you, such as a work number, pager, cell phone, or relative's or friend's number?

Line #	Phone Number	Type*	Specify in whose name listed and relationship to woman.
1			
2			
3			
4			
5			
6			

* 1=home 2=work 3=pager 4=cell phone 5=beeper 6=relative 7=friend

2. What is the best time to call you? _____

3. If you are not available when we call, is it OK for our staff member to leave her name and a message that she called, or would leaving a message with someone else or on a machine cause you problems?

☐ It's OK to leave a message ☐ It's not OK to leave a message

4. I would like to schedule an appointment for you to complete a baseline interview over the telephone. What is a convenient date and time for an interviewer to call you to conduct the interview?

Date: |__|_| - |__|_| - |__|_|_|_| Day: _____

Time: _____AM/PM

What is the best number to call for this interview? (Record line # from above) _____

5. When is your next prenatal care appointment?

Date: |__|_| - |__|_| - |__|_|_|_| Day: _____

Time: _____AM/PM

Project HOPE
Face Sheet (Side Two)

Subject ID#:

6. Can you give me the name and telephone number of a relative or friend, who does not live in your household, and who would always know how to contact you if you moved?

No 1

Yes..... 2 → Name_____

Relationship _____

Phone |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

7. Can you give me the name and telephone number of another relative or friend, who does not live in your household, and who would always know how to contact you if you moved?

No 1

Yes..... 2 → Name_____

Relationship _____

Phone |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

8. Can you give me the name and telephone number of a third relative or friend, who does not live in your household, and who would always know how to contact you if you moved?

No 1

Yes..... 2 → Name_____

Relationship _____

Phone |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

9. What is your date of birth? |_|_|_| - |_|_|_| - |_|_|_|_|_|

10. How many weeks pregnant are you? |_|_|_|

11. What is your baby's due date? |_|_|_| - |_|_|_| - |_|_|_|_|_|

12. What other clinics have you attended for this pregnancy? _____

ELIGIBILITY VERIFICATION RESULTS:

[] VERIFIED, ELIGIBLE [] VERIFIED, INELIGIBLE: DATE CONTACTED ↓

[] NOT VERIFIED |_|_|_| - |_|_|_| - |_|_|_|_|_|

RANDOMIZATION RESULTS: [] USUAL CARE [] INTERVENTION

DATE CONTACTED: |_|_|_| - |_|_|_| - |_|_|_|_|_|

CLINIC MEDICAL RECORD # _____

DATE DELIVERED: |_|_|_| - |_|_|_| - |_|_|_|_|_| **SITE:** _____

Exhibit VI-3: Eligibility Verification Form

Project HOPE *Eligibility Verification Form*

SITE: _____

DATE: _____

Use this form to obtain information about women who agree to participate in Project HOPE. If any of this information cannot be found, please write "Don't Know" in the appropriate blank.

Name	Subject ID	Ethnicity			Hispanicity		Current Age	City and State of Residence	Receives D.C. Medicaid?		Current Gestational Age (Weeks)
		Black	White	Other	Hispanic	Non-Hispanic			Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Note: Results of the eligibility verification must be recorded on the Daily Log.